TRANSMITTAL FORM  (to be used for all correspondence after initial filling)  Total Number of Pages in This Submission  4	U.S. Fons are required to respond to a coll Application Number  Filing Date  First Named Inventor  Art Unit  Examiner Name  Attorney Docket Number	Patent and Trection of info 10/611,631 July 1, 2003 Pesik 2872 Cherry, Eur	3 ncha P. 52 (201AS407A)
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53		ddress	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Return Receipt Postcard Check for \$500.00 (fee for Appeal) Check for \$120.00 (fee for 1-mo. Extension)
Firm Name SIGNATURE	OF APPLICANT, ATTOI	RNEY, O	RAGENT
Signature    Man 5   Kond   Printed name   Brian E. Kondas   Date   20	lu s	Reg. No.	
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known							
FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27			Application Nun	10/611,63	0/611,631						
			Filing Date		July 1, 2003						
			First Named Inventor		Pesik						
			Examiner Name		Cherry, Euncha P.						
			Art Unit 2872			•					
TOTAL AMOUNT OF PAYMEN	NT (\$)	500.00		Attorney Docket	l No.	21220/04	152 (20	1AS407A)			
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 03-0172  Deposit Account Name: Calfee, Halter & Griswold											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
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under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038.											
FEE CALCULATION (All th	ne fees be	low are due u	pon f	iling or may be	subjec	t to a sur	charge.	.)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
-	FILING FE Sm:	보S all Entity	SEAF	RCH FEES Small Entity	EXAM	INATION <u>Small</u> <u>Small</u>					
Application Type F		ee (\$)	Fee (\$		<u>Fee</u>	(\$) Fee		Fees Paid (\$)			
Utility 3	300	150	500	250	200	) 10	C				
Design 2	200	100	100	50	130	6:	5				
Plant 2	200	100	300	150	160	) 80	3				
Reissue 3	300	150	500	250	600	300	)				
Provisional 2	200	100	0	0	(	) (	0				
2. EXCESS CLAIM FEES Fee Description						F	ee (\$)	Small Entity Fee (\$)			
Each claim over 20 (inclu				50	25						
Each independent claim of				200	100						
Multiple dependent claims				D 11(0)			360 180				
<u>Total Claims</u> <u>Ext</u> - 20 or HP =	tra Claims	<u>Fee (\$)</u> x	=	e Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)				
HP = highest number of total clain	•	f greater than 20.				-	<u> </u>	10010101			
	tra Claims	Fee (\$)	<u>Fee</u>	Paid (\$)			<del></del>				
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x =											
- 100 =	<del></del>	/ 50 =		_ (round up to a w	viiole ilu	iniber) x					
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)											
Other (e.g., late filing surcharge): Notice of Appeal Fee 500.00											
SUBMITTED BY											
Signature Main	5. £	ondur		Registration No. (Attorney/Agent) 4	0,685		Telephor	ne 216/622-8308			

Name (Print/Type) Brian E. Kondas

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to flip and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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